

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445145	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2012
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MOUNTAIN VIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD WINCHESTER, TN 37398		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130			
	<p>This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to maintain the fire barriers in accordance with National Fire Protection Association (NFPA) 101 Life Safety Code 2000 Edition 8.2.3.2.4.2: Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be protected as follows:</p> <p>(1) The space between the penetrating item and the fire barrier shall meet one of the following conditions:</p> <p>a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.</p> <p>b. It shall be protected by an approved device that is designed for the specific purpose.</p> <p>(2) Where the penetrating item uses a sleeve to penetrate the fire barrier, the sleeve shall be solidly set in the fire barrier, and the space between the item and the sleeve shall meet one of the following conditions:</p> <p>a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.</p> <p>b. It shall be protected by an approved device that is designed for the specific purpose.</p> <p>(3) * Insulation and coverings for pipes and ducts shall not pass through the fire barrier unless one of the following conditions is met:</p> <p>a. The material shall be capable of maintaining</p>		<p>K 130</p> <p>The alleged cited deficient practice did not affect any single resident.</p> <p>The alleged cited deficient practice has the potential to affect residents residing in facility.</p> <p>Penetrations in fire barriers in the attic has been repaired with fire rated Sheetrock.</p> <p>Fire walls will be inspected by maintenance bi-yearly and after contract workers are in the attic to assure that the fire barrier is not broken. Results will be recorded in the maintenance log. This practice will be reviewed by the QA&A committee for three months.</p> <p>Completion date: 7/3/12</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Harland Beckering LN HA</i>	<i>adm.</i>	6-28-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 130	Continued From page 1 the fire resistance of the fire barrier. b. The material shall be protected by an approved device that is designed for the specific purpose. (4) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made on either side of the fire barrier. b. It shall be made by an approved device that is designed for the specific purpose. The finding included: Observation on 6/18/12 at 9:35 AM revealed penetrations in fire barriers in the attic at both ends of the dining room and in fire wall nearest the attic access in room B-15. This finding was verified by the maintenance director and the facility administrator during the exit interview on 6/18/2012.		K 130		
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on interview, it was determined that the		K 144	K 144 The alleged cited deficient practice did not affect any single resident. The alleged cited deficient practice has the potential to affect residents residing in facility. Energy Systems South East (the vender we use for the generator service) to re-educate the maintenance director on the proper procedure to manually transfer power to the facilities emergency generator. Administrator also to be re-educated as a backup to the maintenance director. Manual test will occur every other month and results will be recorded in the generator log. This practice will be reviewed by the QA&A committee for three months. Completion date: 6/28/12	

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K 144	Continued From page 2 maintenance director was not properly trained to service the emergency generator. The finding included: Interview on 6/18/12 at 10:14 AM revealed that the maintenance director did not know the proper procedure to manually transfer power to the building from commercial power to the facilities emergency generator. This finding was verified by the maintenance director and the facility administrator during the exit interview on 6/18/12.	K 144			
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations, it was determined that the facility failed to maintain the electrical wiring and equipment in accordance with National Fire Protection Association (NFPA) 70. The findings included: 1. Observation on 6/18/12 at 10:00 AM revealed that an electrical junction box in the attic above the vestibule between the original building and the new addition was missing a cover. 2. Observation on 6/18/12 at 10:05 AM revealed that two extension cords connected by a power strip were being used as a permanent power source in the attic in the new addition above room	K 147	K 147 The alleged cited deficient practice did not affect any single resident. The alleged cited deficient practice has the potential to affect residents residing in facility. The electrical junction box in the attic above the vestibule between the original building and new building has had the cover installed. The observed extension cords have been removed and the power source has been hard wired. Maintenance Director will inspect junction boxes and wiring to assure all covers are on and attic is extension cord free. Boxes and attic will be inspected twice yearly and after anyone contract workers are in the attic to assure junction boxes have covers and there are no extension cords. Findings will be recorded in the maintenance log. This practice will be reviewed by the QA&A committee for three months.		

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K 147	Continued From page 3 110. These findings were verified by the maintenance director and the facility administrator during the exit interview on 6/18/12.	K 147		

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